PROVIDER INSTRUCTIONS
PSYCHOLOGICAL/PSYCHIATRIC EVALUATION, DSHS 13-021A

- **DO NOT COMPLETE THE INTERVIEW IF THE PERSON IS INTOXICATED**

The Department of Social and Health Services (DSHS) will authorize payment for a "missed appointment" for persons who come to an interview under the influence of alcohol or drugs. Reschedule the person for another appointment as soon as possible. Bill the referring Community Services Office (CSO) for a "missed appointment" and notify the Incapacity Specialist of the new appointment date and time.

I. USE

The Psychological/Psychiatric Evaluation form is used by DSHS to obtain pertinent medical information from qualified providers to determine eligibility for the General Assistance Unemployable (GA-U) program, identify barriers to participation in work related activities, help identify persons who appear to meet Supplemental Security Income (SSI) disability criteria, and to establish eligibility for persons for the Alcohol and Substance Abuse Treatment and Support Act (ADATSA) Shelter program. Qualified providers are licensed in Washington State to practice as a psychiatrist, psychologist, mental health professional with a master's degree and two years mental health experience who is working within a Regional Support Network (RSN) or an advanced registered nurse practitioner (ARNP) who is certified in psychiatric nursing.

The incapacity determination process is as follows: The Incapacity Specialist sends the Psychological/Psychiatric Evaluation form and the Medical Evidence Request to the provider, who completes the form according to the provider instructions. The Incapacity Specialist then reviews the form for completeness. If additional information or interpretation is needed, the Incapacity Specialist first contacts the provider for more information. If further interpretation is needed, the Incapacity Specialist may send available medical and other information to the department's medical consultant. Incapacity is determined by the Incapacity Specialist or by the CSO Administrative Review Team (ART) based on all available medical and other relevant information.

II. COMPLETION

TEST RESULTS:

Attach psychological testing results, including subscales, as an addendum.

A mental status examination is required as part of the psychological/psychiatric evaluation. Include the mental status results as an addendum or include the results while answering questions (e.g., answer to question G.1.f.).

SECTION A: CLIENT INFORMATION

The provider or the Incapacity Specialist enters the person's name, date of birth, and case number and describes the impairment(s) and symptoms claimed by the person. Evaluate all disorders or medical conditions observed during the evaluation process. You are not limited to evaluating just the claimed impairments/symptoms.

SECTION B: AUTHORIZATION TO RELEASE INFORMATION

The person signs the form authorizing the medical provider to release medical information to DSHS. This information is used solely to determine the person's eligibility for assistance and will be maintained as confidential under Washington State public disclosure and confidentiality laws.

SECTION C: RELEVANT MEDICAL HISTORY

Include any information relevant to establishing or treating the person's current medical condition. List alcohol or drug treatment and other medical treatment separately from mental health treatment.

SECTION D: CLINICAL FINDINGS

1. Mental Retardation - Complete this section when the person claims or appears to have significantly below average intellectual functioning.

   Indicate the results of any tests you have performed to identify the person's level of intellectual functioning. When you have not performed any tests but have test results, identify the source, date and type of test administered. When IQ test results are not available or the person was tested prior to age 18, estimate the person's IQ level. If your IQ estimate is below 84, contact the CSO for authorization to do formal IQ testing.

2. Organic Mental Syndrome - **IF THIS SECTION IS COMPLETED, A DIAGNOSIS OF AN ORGANIC MENTAL DISORDER MUST ALSO BE MADE IN SECTION E, ASSESSMENT/DIAGNOSIS.**

   Complete this section when the person evidences psychological or behavioral abnormality associated with transient or permanent dysfunction of the brain. Use the severity definitions listed in this section to determine the degree of limitation.

3. Functional Mental Disorders - Rate the severity of the person's symptoms by determining how they affect the person's ability to communicate, understand, and follow instructions. Use the severity definitions in SECTION D CLINICAL FINDINGS.

   Base severity of symptoms on responses by the person during the interview, interpretation of appropriate tests, objective third-party knowledge of the person's behavior and activities during the preceding month, and your professional opinion.

   Check only one box when rating the severity of each symptom on the scale. Rate according to the following clinical definitions of each symptom:

   a. Depressed mood - Rate primarily on feelings of sadness, gloominess, pessimism, often may include feelings of helplessness, hopelessness, or low self-esteem and worthlessness, may use such expressions as being in "low spirits," "feeling empty." Use physical appearance, sad or downcast facial expression, and tearfulness to gauge degree or intensity of verbally expressed sadness.

NONE	No evidence of sadness
MILD	Sadness is of low intensity
MODERATE	Symptoms definitely present, moderate in intensity
MARKED	Depressive symptoms clearly interfering with ability to function
SEVERE	A pervasive depressed mood of extreme intensity which may include feelings of being completely worthless, no hope

b. Suicidal trends - The conscious expression or clearly inferred wish of the person to be dead and/or any self-mutilating activity.

NONE	No indication of suicidal trends
MILD	Vague indication of suicidal thoughts, i.e., acknowledges suicidal thoughts in past but denies any importance of these for the present, or admits thought crossed mind but dropped it
MODERATE	Clear suicidal ideation, definitely sees suicide as a possibility, preoccupation with wish to go to sleep and not wake up or with wish to be dead in a passive manner
MARKED	Constant suicidal thoughts and talking of specific plans for suicide, wants suicide for a solution and would take action if not protected, may include serious suicidal attempts such as wrist slashing or ingestion of small number of pills
SEVERE	Thoughts of suicide are pervasive at high intensity, serious suicidal attempts

c. Verbal expression of anxiety or fear - Rate primarily on verbally expressed feelings of worry, nervousness, tenseness, anxiousness, and fearfulness. Mild amounts include uncertainty about the future, marked amounts are feelings of something bad about to happen (impending doom). Use physical indications of anxiety such as pallor, hyperventilation, rapid pulse, dilated pupils, and fearful facial expressions as aids in assessing degree of anxiety, but do not rate on these alone. Explore for verbal expression.

NONE	No evidence of verbal anxiety
MILD	Transient verbal anxiety, intensity low and duration brief
MODERATE	Symptoms definitely present, moderate in intensity
MARKED	Symptoms interfering with ability to function, basing actions on anxious feelings
SEVERE	Feelings pervasive, convinced something terrible is inevitable

d. Expression of anger - Rate both the verbal and physical indicators of anger. Verbally - seen in an attitude of hostility toward others such as cutting of verbal contact, sarcasm, sharpness in tone of voice, derogation, belittlement, or threats to harm others or objects. Physically - seen in turning away from others, hostile gesturing, such as clenching fist or striking out at persons or objects.

NONE	No evidence of expressed anger
MILD	Intensity of expressed anger mild, duration brief
MODERATE	Clear expressed anger during interview, present half the time during the past week
MARKED	Expression of anger present more than half the time, may specifically warning others to stay out of the way, person is able to keep from striking out most of the time but with great difficulty, describes using most of his or her energy to prevent harming others or has to be removed from situations by others to prevent striking out
SEVERE	Extreme evidence of anger, pervasive indication of intense hostility verbally and/or physically which is difficult or impossible for others to stop

e. Social withdrawal - A measure of the level of the person's social ability through participation in social settings, cooperation and involvement with others. Rating must be based on the person's description of his or her activities during the past week, and on behavior during the interview.

NONE	No evidence of limitation in socialization
MILD	Some evidence of tendency to withdraw but requires no urging to return to activities, i.e. responds readily to invitation to join others, needs encouragement to verbally interact with others but continues conversation once begun
MODERATE	Social withdrawal definite, tendency to wish to be alone half the time, if no one urges person to join activities, would stay alone, does not continue verbal interactions begun by others
MARKED	Clearly avoids or refuses most interactions and activities
SEVERE	Alone and withdrawn from all interactions and activities even with constant urging, intense isolation

f. Motor agitation - Rate observable evidence of increased muscular movement. This may be in the form of hand wringing, excessive changing of position, pacing, rocking, etc. Intensity is based on the ability of the person to control the excess movement. Rate the agitation according to its degree of unproductiveness and excessiveness.

NONE	No evidence
MILD	Able to stop excess movement with little difficulty, symptoms occur only occasionally under stress
MODERATE	Obvious increased muscular movements present, may stop on questioning but always returns
MARKED	Unable to stop all excess movement even with great effort, symptoms interfering with ability to function
SEVERE	Pervasive, intense agitation, unable to control symptoms

g. Motor retardation - Rating based on degree of slowness of muscular movement, not amount of movement. This ranges from slowness of walk to obvious slowing down in ability to do activities of daily living, to shuffling gait, to needing someone to help start movement, to virtually motionlessness with little response to stimulation. May include slowness of speech.

NONE	No evidence
MILD	Slowness may be just detectable, the person may describe feeling slowed down from usual pace even though not detectable by rater
MODERATE	Present at moderate intensity
MARKED	Clearly interfering with ability to function
SEVERE	Ability to function is severely restricted

h. Paranoid behavior - Degree to which the person feels that other people are the cause of his problems and that they act with hostile intent towards the person. Do not include diffuse anger unless hostile intent by others is clearly inferred by the person.

NONE	No evidence
MILD	Questionable suspiciousness with no consistent or fixed statements of hostile intent of others, intensity definitely low
MODERATE	Tends to believe hostile intent of others with clear paranoid ideas, paranoid beliefs, or paranoid statements, conviction of "something wrong," something "uncanny" that relates to the person, nothing approaching a coherent plot
MARKED	Clear paranoid delusional system, basing some actions on the system, committed to the correctness of his perceptions that others have hostile intent
SEVERE	Pervasive, fixed paranoid delusional system on which the person bases most actions

i. Hallucinations - The person experiences hearing or seeing things that the rater does not experience and rater has evidence they are not physically present.

NONE	No evidence
MILD	Hallucinations may be questionable and are not interrupting interactions with others
MODERATE	Present and occasionally interrupting interactions with others, the person must be able to give verbal report that sensations come from outside the person
MARKED	Some behavior and verbalizations guided by hallucinations, difficult to interrupt hallucinatory process, hallucinations frequently interrupting interactions with others
SEVERE	Interacting with and basing virtually all behavior on hallucinations, others unable to interrupt the process

j. Thought disorder - Rating based on the person's verbalization. The primary indicator should be degree of connectedness of thoughts as expressed in speech. This may include ambiguousness in speech, tangential connecting of thoughts, loosening of associations, neologisms and rhyming and echolalia and word salad. Rate connectedness: do not rate rapidity of speech rate.

NONE	No evidence
MILD	Manifestations of ambiguity, circumstantiality, and tangetiality
MODERATE	Loose associations or thoughts mixed up, disconnected thoughts may be linked with sentences
MARKED	Very difficult to follow association, words used together have little real meaning to the listener
SEVERE	Impossible to follow association

k. Hyperactivity - Elation: Rating based on three components. 1) Mood - seen in statements of well being, joviality, expansiveness, grandiosity, euphoria; 2) Energy level - pressure of activity, statements of not being fatigued even though sleeping poorly, difficulty in completing one activity before going on to another; 3) Thought/speech pressure - associations rapid, difficult to maintain one subject, because thoughts seem to be tumbling over one another. Speech may reach point of almost continuous flow, may be loud. Base ratings on any one or more of three components. If two or more are present, base rating on the highest one.

NONE	No evidence
MILD	1) Mood - happy, state of well being; 2) Energy - mild pressure for purposeful activities; 3) Thought/speech - pressure to talk, may have increase in rate of speech
MODERATE	1) Mood - shows moderate elations, grandiosity and/or expansiveness; 2) Energy - moderate pressure for purposeful activities with increase in number of simultaneous projects; 3) Thought/speech - associations in rapid flow from topic to topic but able to be brought back to a subject, speech flow may be continuous
MARKED	1) Mood - euphoria, marked grandiosity, expansiveness, unable to be interrupted; 2) Energy - impossible to sustain focused activity without external control, tries multiple different activities simultaneously; 3) Thought/speech - continuous rapid associations virtually impossible to interrupt, continuous speech flow
SEVERE	1) Mood - extreme euphoria; 2) Energy - constant, undirected activity; 3) Thought/speech -continuous rapid associations with no response to interventions, continuous flow of speech which is virtually impossible to understand

l. Physical complaints - Rating based on both number of complaints about physical symptoms or sensations and on the amount of attentions or preoccupations the patient gives these complaints. May include complaints of weakness, general body aches, and pain, headaches, nausea, constipation, butterflies, shaking inside, etc. Both the number of symptoms and the amount of preoccupation with the body should be considered when assigning this rating.

NONE	No physical complaints
MILD	Does not place much emphasis on specific physical complaints or general body concerns
MODERATE	Places frequent emphasis on physical complaints, moderately occupied with concerns about body
MARKED	Constant preoccupation with physical symptoms or concern about body, somatic delusions may be present
SEVERE	Total pervasive preoccupation with physical symptoms or concern about body, somatic delusions may be present

m. Global illness - This is an overall rating, based on the intensity and pervasiveness of all the symptoms and impairment of the person's functioning. This item is the provider's assessment and is not based only on scores of preceding items.

NONE	No evidence of illness
MILD	Mildly ill. No significant interference in ability to appropriately communicate or understand and follow instructions
MODERATE	Moderately ill. Significant interference in ability to appropriately communicate or understand and follow instructions.
MARKED	Markedly ill. Very significant interference in ability to appropriately communicate or understand and follow instructions.
SEVERE	Severely ill. Unable to appropriately communicate or understand and follow instructions.

SECTION E: ASSESSMENT

Enter a diagnosis for each condition for which you have an established diagnosis and include the diagnostic code based on descriptive information in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders. Multiple diagnoses may be made on Axis 1 and 2 when necessary to describe the current condition, including co-occurring alcohol or drug abuse. When an Axis II diagnosis is the principal diagnosis, follow the notation by the phrase "principal diagnosis."

When there is no diagnosis present, indicate this by using V71.09 or if diagnosis is deferred use V799.9. When insufficient information is not available to make a firm diagnosis, indicate "provisional" following the diagnosis, Rule Out (R/O) preceding the diagnosis, or use standard terms from the most current version of the Diagnostic and Statistical Manual to indicate diagnostic uncertainty. For each provisional or rule out diagnosis, indicate under Section E.2., Assessment/Diagnosis, what additional information, testing or consultation is needed to make a definitive diagnosis.

SECTION F: SUBSTANCE ABUSE

Document the person's alcohol and substance abuse, including historical and current use, abuse, and addiction. Indicate whether or not the mental health impairments can be differentiated from the effects of substance or alcohol abuse.

SECTION G: FUNCTIONAL LIMITATIONS

Rate the degree of limitation imposed by the person's condition on the ability to perform on a normal day to day work basis. Use the general severity definitions listed in SECTION D CLINICAL FINDINGS. Basic work-related activities include communicating, understanding, and following instructions.

SECTION H: PLAN OF CARE/PROGNOSIS

Describe the appropriate treatment plan for the person and evaluate the probable results of following the recommended treatment. Indicate any anticipated residual functional limitations the person would be expected to have after following the plan of care. CSO staff will use this information when determining requirements for the person to participate in available medical treatment.

Indicate how long you anticipate the person will be impaired to the degree shown in SECTION E: ASSESSMENT/DIAGNOSIS and SECTION G: FUNCTIONAL LIMITATIONS.

SECTION I: MENTAL HEALTH PRIORITY POPULATIONS

Use the following priority population definitions to determine whether the person is included in one of the priority populations. If the client meets criteria in more than one priority population, indicate the one which **best describes** the person's present condition.

1) **Acutely mentally ill** means a condition limited to a short term severe crisis episode of:

   a. A mental disorder (any organic, mental, or emotional impairment having substantial adverse effect on a person's cognitive or volitional functions), or

   b. Being gravely disabled (a condition where a person, as the result of a mental disorder, is in danger of serious physical harm resulting from failure to provide for his or her essential human needs of health or safety, or manifest severe deterioration in routine functioning evidenced by repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety), or

   c. Presenting a likelihood of serious harm to others or property resulting from the actions or threatened actions of the mentally ill person.

2) **Chronically mentally ill** means a person who:

   a. Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years, or

   b. Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding two years, or

   c. Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months (substantial gainful activity is work that involves significant physical or mental activities done for pay or profit).

3) **Seriously disturbed** means a person who:

   a. Is gravely disabled or presents a likelihood of serious harm to self or others as the result of a mental disorder, or

   b. Has been on conditional release status at some time during the preceding two years from an evaluation and treatment facility or a state mental hospital, or

   c. Has a mental disorder which causes major impairment in several areas of daily living, or

   d. Exhibits suicidal preoccupation or attempts.

4) **These terms do not apply.** This person does not meet the criteria to be included in one of the mental health priority populations.

SECTION J: ADDITIONAL REMARKS

Use this space for information and/or observations which don't fit anywhere else. Feel free to include anything you believe would be helpful for CSO staff to consider in determining incapacity for the individual.

CONFIDENTIALITY/PUBLIC DISCLOSURE

The information you provide is subject to Washington State public disclosure laws and may be released to the person upon his or her request. All information disclosed from your records will remain confidential under state law and DSHS discloses no further information without the written consent of the person to whom it pertains or as otherwise permitted by state law.

ASSISTANCE FOR THIS PERSON IS BEING HELD PENDING RECEIPT OF THIS EVALUATION

Sign and date the evaluation, including the date of your examination and your address and telephone number and area of specialty. Advanced Registered Nurse Practitioners must indicate their area of advanced training.

Return the evaluation to the local office noted at the bottom of page 4 of the evaluation.

Thank you for your assistance in evaluating the mental health of this person and providing information for the department to use in determining the person's eligibility for assistance.